DOCUMENT RESUME

ED 370 898 SP 035 231

TITLE	Responsible Healthy Lifestyles. Summary for Teacher Resource File for AIDS Education.
INSTITUTION	Utah State Office of Education, Salt Lake City. Div. of Curriculum and Instruction.
PUB DATE	Apr 93
NOTE	38p.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; *Course Descriptions; Educational Objectives; Elementary Secondary Education; *Health Education; *Social Responsibility; State Curriculum Guides; *State Standards
IDENTIFIERS	*Utah

ABSTRACT

This guide to education concerning Acquired Immune Deficiency Syndrome (AIDS) contends that schools as community agencies must help students learn to make rational decisions which will result in responsible behavior benefitting themselves and the groups in which they live. The guide presents the standards and objectives for AIDS information which must be taught in Utah's public schools as part of the Responsible Healthy Lifestyles Core. The guide outlines the goals of AIDS education, emphasizing that the teaching of morality in the public schools is mandated under state law. The curriculum focus is discussed, stating that wherever AIDS education is taught, it should be done in the context of a healthy lifestyle and social responsibility. The guide then lists, for grades 3 through 12, the core standards, objectives, and guidelines for teachers of health education. Basic AIDS information is provided in a question-and-answer format; a glossary is included. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

SP

ED 370 898

RESPONSIBLE HEALTHY LIFESTYLES

SUMMARY FOR TEACHER RESOURCE FILE FOR AIDS EDUCATION

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R. L. Hart

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

STATE OFFICE OF EDUCATION

SP035231

BEST COPY AVAILABLE

RESPONSIBLE HEALTHY LIFESTYLES

TEACHER RESOURCE FILE FOR AIDS EDUCATION

Scott W. Bean
State Superintendent of Public Instruction

Steven R. Mecham
Associate Superintendent
Instructional Services

Bonnie C. Morgan
Director
Curriculum Section - Instructional Services

Laurie Lacy
Educational Specialist
HIV/AIDS Education
Curriculum Section - Instructional Services

UTAH STATE OFFICE OF EDUCATION

Salt Lake City, Utah

April 1993

UTAH STATE BOARD OF EDUCATION
UTAH STATE BOARD FOR APPLIED TECHNOLOGY EDUCATION

250 East Fifth South
Salt Lake City, Utah 84111

District 1
Neola Brown
495 North 300 East
Beaver, Utah 84713
Phone: 438-5386

District 2
Lynn Haslem
H.C. 65, Box 74A
Altonah, Utah 84002
Phone: 454-3005

District 3
Harold S. Jensen
24 East 100 North
Gunnison, Utah 84634
Phone: 528-3746

District 4
Keith T. Checketts
1495 East 1140 North
Logan, Utah 84321
Phone: 752-8926

District 5
Thomas F. Davidson
4755 Banbury Lane
Ogden, Utah 84403
Phone: 479-8292

District 6
Milton Kendrick
641 LaVina Drive
Ogden, Utah 84403
Phone: 479-1808

District 7
Katharine B. Garff
551 Indian Springs Road
Bountiful, Utah 84010
Phone: 295-2795

District 8
Daryl C. Barrett
1820 Laird Avenue
Salt Lake City, Utah 84108
Phone: 582-1898

District 9
Kay McDonough
2922 South 9150 West
Magna, Utah 84044
Phone: 250-4719

District 10
Donald G. Christensen
4196 South 4000 West
West Valley City, Utah
84120
Phone: 966-4524

District 11
C. Grant Hurst
1893 Terrance Drive
Sandy, Utah 84093
Phone: 942-4832

District 12
Boyd F. Jensen
5380 Hillside Drive
Murray, Utah 84107
Phone: 262-0270

District 13
Allen E. Litster
665 Princeton Drive
Midvale, Utah 84047
Phone: 566-0789

District 14
Marlon O. Snow
1247 East 430 North
Orem, Utah 84057
Phone: 224-6163

District 15
Linnea S. Barney
1965 South Main Street
Orem, Utah 84058
Phone: 225-4149

Scott W. Bean,
Executive Officer
538-7510

Twila B. Affleck,
Secretary
538-7517

1/1/93

STATEMENT

The key fact young people need to know is this: there is much they can do to avoid contracting AIDS. Most cases of AIDS result from behavior that can be avoided. AIDS is primarily spread by having sexual contact with an infected person or by sharing hypodermic needles or syringes with an infected person. Avoiding such behavior greatly reduces the chances of becoming infected. Individuals are not powerless against the threat posed by AIDS. We can protect our young people, and the way to protect them is to tell them the truth and to teach them to act responsibly.

Because AIDS is most commonly spread by intimate sexual activity with an already infected person, AIDS is one more reason to examine what we are teaching our children about responsibility and sexuality. They need to know, in a way that is appropriate to their age and experience, the facts about the disease. They need to know how to avoid contracting AIDS. They need to be able to distinguish between rational fears and irrational fears. In speaking to young people about sexual activity and AIDS, parents and other adults responsible for young people's well-being must tell the truth. The task of adults is to show the way to responsible sexual behavior. And adults must be truthful about the risks and dangers -- moral, physical, and psychological -- of irresponsible sex and of heedless, careless use of one's own or another person's body.

In regard to AIDS specifically, responsible adults will counsel young people against premature sexual activity -- that is, against engaging in sexual activity before achieving maturity, before acquiring an understanding of the seriousness of what is involved, before achieving respect for oneself or others, before being willing and able to accept responsibility for one's actions. Among many other reasons for postponing premature sexual activity -- in addition to the reasons adults have traditionally offered and still should offer -- AIDS offers one more compelling reason. The stark message is this: if you have sex with a partner infected with AIDS, there is a chance you will get the virus and that you will die from it.

William J. Bennett
Former Secretary of Education

AIDS
ACQUIRED IMMUNODEFICIENCY SYNDROME

AIDS is a medical term used to describe a variety of illnesses which a person may suffer after being infected with the Human Immunodeficiency Virus (HIV). The virus destroys a person's defenses against secondary infections. These defenses are known as the immune system. HIV can so weaken a person's immune system that he or she cannot fight off even mild secondary infections and eventually becomes vulnerable to life--threatening infections and cancers. AIDS is the end stage of HIV infection.

The exact origin of AIDS is unknown. The disease was first recognized in the United States in 1981. It was not formally defined until 1982.

In 1981 there were 266 identified AIDS cases in the United States. By September 1987, the numbers had sky rocketed to 41,825 infected persons and of those only 17,755 were still alive. AIDS only represents the end stage of the disease caused by the virus. By December, 1991, there were an estimated 1.5 to 2 million HIV infected individuals; 209,693 diagnosed with full bloom AIDS -- of these, 135,434 (65%) had died as a result of their infection. As of April 1993, over 250,000 people in the United States have been diagnosed with AIDS.

The AIDS virus is transmitted through the exchange of infected body fluids. Percentages of individuals known to have AIDS are: 57 percent men who have sex with men; 23 percent injectable drug abusers; 2 percent infants and children; 3 percent infected through transfusions or tissue transplants before Red Cross and other centers began testing blood for the AIDS antibody in 1985; 7 percent hetrosexual contact; and 4 percent, cause undetermined.

While only 7 percent of known AIDS patients became infected with the disease through heterosexual contact, the numbers of new infections via this route are increasing daily. HIV infections among adolescents are also increasing at an alarming rate. Between 1990 and 1992, the number of HIV infections among adolescents increased 77 percent.

At the present time, there is no cure for AIDS. The Surgeon General predicts that no vaccine for the disease will be found until after the year 2000. Many of the illnesses caused by the HIV viruses are treatable, but the HIV infection itself cannot be cured. The AIDS virus ultimately leads to illnesses that prove fatal.

Currently much research and millions of dollars are being utilized to develop experimental vaccines as well as drugs such as AZT, DDI, and DDE, which delay the progression of the disease.

HIV is most commonly transmitted through intimate sexual behavior with an infected partner and through the sharing of injectable drug needles or syringes with an infected person. Because the HIV is contained in some body fluids (mainly blood, semen, vaginal secretions, and breast milk), actions that involve the exchange of these fluids between people greatly increase the chances of virus entering a person's blood. Women infected with the AIDS virus have approximately a 20-40 percent chance of transmitting the virus to their children during pregnancy, childbirth, or through breast feeding.

Because HIV can be transmitted by the transfusion of blood or certain blood products, hemophiliacs and other recipients of transfusions or blood products were at very substantial risk of becoming infected. However, since 1985, donated blood has been screened by a test that can identify antibodies to the HIV virus. The chance now of getting AIDS from a transfusion is very small.

HIV has also been found in saliva, tears, and urine. However, on the basis of current medical research, the chances of becoming infected with the HIV by coming in contact with these body fluids and wastes are extremely slight. There are no known cases of HIV having been transmitted by these fluids.

The Public Health Service to date has stated there is no evidence to suggest a risk of contracting the AIDS virus from day-to-day social or family contact with someone who has AIDS. A study of the families of 45 adults with AIDS found that none of their children became infected with the AIDS virus through contact with other family members or by sharing kitchen and bathroom facilities.

It is not currently known how many of the persons infected with the HIV will develop the disease. Most experts estimate that virtually all of those now infected with the virus will develop the disease over the next 10 to 15 years. **Regardless of whether the symptoms of AIDS are apparent, anyone who is infected with HIV must be presumed to be capable of transmitting the virus to someone else.** Persons who do not have the symptoms of AIDS but are capable of infecting others pose a serious risk to their sexual partners. Although it cannot provide a cure today, medical science has provided information about the transmission of HIV and a highly accurate testing procedure for the infection. Some false positive and false negative tests do occur. Competent medical advice and counseling should be sought.

EDUCATORS' DILEMMA

It has been a major challenge for the Board of Education to develop an appropriate Human Sexuality/AIDS Education Curriculum. Teaching these sensitive issues is often difficult, but in a public school setting where differing values must be taken into account, the challenge is great. Yet we are increasingly confronted by mounting social and health problems combined with a variety of ethical standards which tend to confuse youth and sometimes result in irresponsible sexual behavior. **Schools as a community agency must help students learn to make rational decisions which will result in responsible behavior benefiting themselves and the groups in which they live.**

Since there are significant differences of opinion, the curriculum should be sensitive to the individual's beliefs while being socially responsible. Students can become informed individuals only through the process of examining evidence and facts and by making responsible decisions.

Teaching about AIDS in the schools presents a very real dilemma for educators. Unlike many other subjects such as math and social studies, there is little agreement on when to teach AIDS to school children, what should be taught, and what is the best context in which to present the material. The problem is further complicated by the fact that many individuals do not view the school as a place where such intimate issues should be discussed; consequently, they encourage local school officials to avoid discussing AIDS. In other instances, teachers and school officials are often uncomfortable with the content material. Admittedly, there are no magical answers for all school systems. **The standards and objectives added to the Responsible Healthy Lifestyles Core constitutes the basic AIDS information which <u>must</u> be taught in Utah's public schools.**

GOALS OF AIDS EDUCATION

Most of the literature suggests that the goal of an HIV/AIDS education program should be not only to inform students of the imminent dangers of the virus but also to integrate the information into a much broader context of learning which addresses making responsible decisions and demonstrating respectful behavior towards self and others.

The primary responsibility for human sexuality education, including HIV/AIDS education, rests with parents and guardians. Utah's public schools must share the responsibility of instructing children and youth about human sexuality and disease prevention. The school's role should include the teaching of human sexuality within the context of existing courses. Standards and objectives were developed to be included as part of the Responsible Healthy Lifestyles curriculum. There are other disciplines where this material should be used as a guide for teachers when teaching about AIDS. Wherever AIDS education is taught, it should be done in the context of a healthy lifestyle and social responsibility. Other subjects where AIDS might be taught are:

- Sociology
- Psychology
- Human Anatomy/Physiology
- Biology
- Biological Earth
- Life Science
- Home Economic Courses
  - Parenting
  - Family Living
  - Child Development
  - Teen Living
  - Teen Parents

Teachers should be aware of any district policies relating to AIDS and sex education and incorporate those policies in their instructions.

The teaching of morality in the public schools is mandated under state law. Instruction about human sexuality must promote:

> 53A-13-101(4): Honesty, temperance, morality, courtesy, obedience to law, respect for and an understanding of the Constitutions of the United States and the state of Utah, the essentials and benefits of the free enterprise system, respect for parents and home, and the dignity and necessity of honest labor and other skills, habits, and qualities of character which will promote an upright and desirable citizenry and better prepare students for a richer, happier life shall be taught in connection with regular school work.
>
> "Because the law mandates the teaching of morality, . . . and mandates the obedience to law[s] . . . prohibiting such things as lewdness, sodomy, obsenity, and contributing to the delinquency of minors; and mandates teaching which will prepare youth for a richer, happier life, it is my opinion, that it is clearly appropriate that the public schools teach

chastity to their students. Certainly nothing should be done or condoned by teachers or administrators which would teach, promote, or condone immorality or unchastity."
(Robert B. Hansen, Attorney General, November, 1978)

At each level (elementary, middle/junior high, and high school) the program must have the informed cooperation of the parents or guardians. In order to demonstrate this cooperative effort, the district must provide the patron community with opportunities for involvement with an understanding of the content and materials of the curriculum and the processes to be used to teach the curriculum.

Teachers must be aware that state law requires prior written parental consent before including any aspect of contraception in the curriculum. In the suggested strategies for instruction, condoms and spermicides may be discussed under the objective 7100-0400 Personal Health and 7150-0405 for Consumer Health. **This portion of the curriculum requires prior written parental or guardian consent.**

On occasion an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental request requirements under this policy. In some cases, failure to respond to such a comment or question could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not on file.

An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirements of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to that reasonably necessary under the circumstances. Students shall then be referred to their parents for further information. A response made in compliance with the requirements of this section shall not be considered to be a violation of the parental consent requirements of this policy.

Caution and discretion should be used by teachers when answering students questions. Districts must develop a process for implementing parental or guardian review and/or consent prior to instruction of the AIDS standards and objectives. It is suggested that parents be invited to preview materials at an evening program at the school. Parents, after previewing the materials, should be given the opportunity to exclude their children from AIDS instruction or be provided with information that will allow them to instruct their own children about AIDS. For parents who do not attend the preview, a synopsis of the materials can be provided along with parental consent forms for signature. **Only those students with completed parental permission forms can participate in the instruction dealing with condom usage.**

The Centers For Disease Control suggests that an educational program should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected. Clearly, some kinds of sexual behavior are more risky than others, **but young people must be taught that the only virtually risk free behavior is abstinence before and fidelity during marriage.**

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to:

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intimacies or who have injected illegal drugs, school programs should be aimed at helping:

- Youths involved in extramarital sexual relations to stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Youths involved in injectable illegal drugs to stop using or injecting illicit drugs.

Caution should be used by teachers to focus on dealing with and allaying student fears and misconceptions. The curriculum should present factual, straightforward information for students. The State Board has adopted the State Textbook Committee guidelines. The following may not be taught:

1. The intricacies of intercourse, sexual stimulation, erotic behavior, etc.
2. The approval of or advocacy of homosexuality as a desirable sexual adjustment or lifestyle.
3. The advocacy or encouragement of contraceptive methods or devices by unmarried minors.
4. The acceptance of or advocacy of "free sex," promiscuity, or so-called "new morality."

UTAH STATE OFFICE OF EDUCATION

RESPONSIBLE HEALTHY LIFESTYLES
AIDS EDUCATION

UTAH AIDS EDUCATION CURRICULUM FOCUS: The Utah State Board of Education recognized the important role which must be assumed by schools in providing students with the opportunity to make rational decisions which will result in responsible behavior benefiting themselves and the groups in which they live. In 1988, the Board mandated that AIDS Education Curriculum standards and objectives be written and included in the "Responsible Healthy Lifestyles Core Curriculum" for students in grades three through twelve. It stated that wherever AIDS education is taught, it should be done in the context of a healthy lifestyle and of social responsibility. The curriculum focus is to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected. Young people must be taught that the only virtually risk-free behavior is **abstinence from sexual activity before marriage and fidelity during marriage.**

Third/Fourth Grade students discuss ways that the disease AIDS is similar to other diseases, how it is difficult to contract and usually does not affect children, ways people cannot contract AIDS, how the scientific community is working hard to find a cure for AIDS, and decision making and refusal skills training.

Fifth/Sixth Grade students discuss viruses transmission, how HIV can infect others, yet be asymptomatic in someone, learn a definition of AIDS, opportunistic diseases, about epidemic and pandemic, modes of transmission, how a small number of health workers have become infected, ways AIDS cannot be transmitted, and decision making and refusal skills training.

Junior/Senior High students describe the physiology of AIDS, identify modes of transmission, prevention, treatment, social implications of the disease, and decision making and refusal skills training.

In addition to Health Education, other subjects where AIDS curriculum may be taught are: Sociology, Psychology, Human Anatomy/Physiology, Biological Earth, Life Science, Home Economic Courses -- Parenting, Family Living, Child Development, Teen Living, Teen Parents.

TEACHER TRAINING: The Board of Education mandates that teachers must receive inservice training prior to implementation of the AIDS Education standards and objectives.

COMMUNITY INVOLVEMENT: At each level (elementary, middle/junior high, and high school) the program must have the informed cooperation of the parents or guardians. Each district must provide the patron community with the opportunities for involvement with an understanding of the content and materials of the curriculum and the processes to be used to teach the curriculum. State law requires prior written parental consent before including any aspect of contraception in the curriculum. Since the junior and senior high school curricula may discuss condoms and spermicides, prior written parental consent must be on file with the school or teacher if dondoms and spermicides are going to be discussed.

LEVELS 3 & 4

FOR THE TEACHER:

The primary emphasis of AIDS education for students in the elementary grades is to allay excessive fears of the epidemic and of becoming infected. The discussion at the elementary grade level has been developed to establish a foundation for a more detailed discussion of sexuality in the intermediate grades.

Children should recognize that HIV infection and AIDS are diseases that are causing some adults to get very sick, but it does not commonly affect children. They should understand that HIV is very hard to get and that one cannot get it just by being near or touching someone who has it. They should be told that at present many scientists from throughout the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

The Responsible Healthy Lifestyles Core Curriculum was developed before the AIDS epidemic began. The five objectives have been added to the Responsible Healthy Lifestyles Core. They are recommended by the Centers For Disease Control as appropriate for the elementary grades. These objectives are very simple and caution should be used by teachers to focus on eliminating children's fears and myths concerning AIDS.

On occasion an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental request requirements under this policy. In some cases, failure to respond to such a comment or question could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not on file.

An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirements of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to information reasonably necessary under the circumstances. Students shall then be referred to their parents for further information. A response made in compliance with the requirements of this section shall not be considered to be a violation of the parental consent requirements of this policy.

RESPONSIBLE HEALTHY LIFESTYLES LEVEL 3

HEA LEVEL 3

SIS NUMBER: 7030
SIS CODE: HL

CORE STANDARDS OF THE COURSE

STANDARD 7030-06.	**The students will develop an understanding of diseases and the immune system and how the disease AIDS compares and differs with other diseases.**

OBJECTIVES

7030-0601. Discuss ways that the disease AIDS is similar to other diseases.

7030-0602. Describe how AIDS is difficult to contract and usually does not affect children.

7030-0603. List ways that people cannot contract AIDS.

7030-0604. Explain how the scientific community is working hard to find a cure for AIDS.

7030-0605. Describe strategies for AIDS prevention such as decision making skills and refusal skills in responding to negative pressure from peers.

RESPONSIBLE HEALTHY LIFESTYLES LEVEL 4

HEA LEVEL 4

SIS COURSE: 7040
SIS CODE: HL

CORE STANDARDS OF THE COURSE

STANDARD 7040-06.	**The students will develop an understanding of diseases and the immune system and how the disease AIDS or HIV infection compares and differs with other diseases.**

OBJECTIVES

7040-0601. Discuss ways that the HIV infection or AIDS is similar to other diseases.

7040-0602. Describe how AIDS is difficult to contract and usually does not affect children.

7040-0603. List ways that people cannot contract HIV.

7040-0604. Explain how the scientific community is working hard to find a cure for AIDS.

7040-0605. Describe strategies for AIDS prevention such as decision making skills and refusal skills in responding to negative pressure from peers.

BEST COPY AVAILABLE

LEVELS 5 & 6

FOR THE TEACHER:

Before beginning this lesson, it is important to review with the students the material that was presented from the Level 3-4 AIDS curriculum. The previous material was a foundation for this information.

Education about AIDS at the intermediate grade level is designed to provide information to form a framework for more advanced AIDS material at the secondary level.

The Responsible Healthy Lifestyles Core Curriculum during the intermediate grades exposes the student to information about diseases, transmission, methods of prevention, and symptoms. AIDS should be discussed along with other common diseases. The following standards and objectives are being added to the Responsible Healthy Lifestyles Core. This addition to the Core was developed to help teachers present information on AIDS.

The primary emphasis of this portion of the AIDS curriculum is to explain to students the physiology of the disease; i.e., what a virus is, what opportunistic diseases are, what the primary modes of transmission are, etc. In presenting this information, teachers should recognize that students are likely to be:

- Aware of sexual feelings and desires and confused about these feelings.
- Increasingly sensitive to media pressure.
- Increasingly sensitive to peer pressure.
- Capable of concern for others.
- Exploring sex roles.
- In different stages of pre-puberty and early puberty and, therefore, very interested in learning about sexuality and relationships.
- Quite comfortable discussing human sexuality.
- Confused between fact and fancy (between hypothesis and reality).
- Able to internalize rules and to know what is right or wrong according to those rules.

This portion of the curriculum consists of eight objectives. These objectives are recommended by the Centers For Disease Control as appropriate for the intermediate grades. These objectives are not complex and should focus on the physiology of the disease and attempt again to eliminate the fears and fallacies children have concerning AIDS.

On occasion an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental request requirements under this policy. In some cases, failure to respond to such a comment or question

could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not on file.

An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirements of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to information reasonably necessary under the circumstances. Students shall then be referred to their parents for further information. A response made in compliance with the requirements of this section shall not be considered to be a violation of the parental consent requirements of this policy.

RESPONSIBLE HEALTHY LIFESTYLES LEVEL 5

HEA LEVEL 5

SIS COURSE: 7050
SIS CODE: HL

CORE STANDARDS OF THE COURSE

STANDARD 7050-06.	**The students will develop an understanding of diseases and the immune system and how the HIV infection or AIDS compares and differs with other diseases.**

OBJECTIVES

7050-0601. Define viruses, tell how they transmit disease and list five diseases that are caused by viruses.

7050-0602. Discuss how people infected with a virus can infect others, yet have no symptoms.

7050-0603. Develop a definition for the disease AIDS.

7050-0604. Define opportunistic diseases.

7050-0605. Define the terms epidemic and pandemic and explain why AIDS is pandemic.

7050-0606. List the primary modes of transmission of HIV/AIDS.

7050-0607. Describe how a small number of health workers have become infected with HIV/AIDS.

7050-0608. Describe ways HIV cannot be transmitted.

7050-0609. Describe strategies for AIDS prevention such as decision making skills and refusal skills in responding to negative pressure from peers.

BEST COPY AVAILABLE

RESPONSIBLE HEALTHY LIFESTYLES LEVEL 6

HEA LEVEL 6

SIS COURSE: 7060
SIS CODE: HL

CORE STANDARDS OF THE COURSE

STANDARD 7060-06.	**The students will develop an understanding of diseases and the immune system and how the disease AIDS compares and differs with other diseases.**

OBJECTIVES

7060-0601. Define viruses, how they transmit disease and list five diseases that are caused by viruses.

7060-0602. Discuss how people infected with a virus can infect others, yet have no symptoms.

7060-0603. Develop a definition for the disease AIDS.

7060-0604. Define opportunistic diseases.

7060-0605. Define the terms epidemic and pandemic and explain why AIDS is pandemic.

7060-0606. List the primary modes of transmission of AIDS.

7060-0607. Describe how a small number of health workers have become infected with AIDS.

7060-0608. Describe ways AIDS cannot be transmitted.

7060-0609. Describe strategies for AIDS prevention such as decision making skills and refusal skills in responding to negative pressure from peers.

PERSONAL HEALTH (LEVELS 7-8)

FOR THE TEACHER:

Before beginning this lesson, it is important to review the material that was covered in grades 3-4 and 5-6. That material forms a framework for this information in Personal Health.

The focus of the standards and objectives in Personal Health is to provide a straight-forward, factual overview of the disease AIDS. These additions to the Core were developed to help teachers present information on AIDS. In presenting this information, teachers should be aware that students at this age are likely to be:

- Engaged in a search for identity (including sexual identity); asking "Who am I?" and "Am I normal?" (Very centered on self.)
- Concerned about and experimenting with relationships between boys and girls.
- Worried about the changes in their bodies.
- Able to understand that behavior has consequences.
- Embarrassed to talk about sex as well as to ask questions about sex which might make them appear uninformed.

This portion of the curriculum consists of five objectives found under Standard 4 in the Core. These objectives are recommended by the Centers For Disease Control as appropriate for the junior high/middle school level.

This curriculum will emphasize teaching healthy behavior and not just the biomedical aspects of the disease.

On occasion an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental request requirements under this policy. In some cases, failure to respond to such a comment or question could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not on file.

An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirements of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to information reasonably necessary under the circumstances. Students shall then be referred to their parents for further information. A response made in compliance with the requirements of this section shall

not be considered to be a violation of the parental consent requirements of this policy.

HEALTH EDUCATION LEVEL 7-8

COURSE TITLE	UNIT OF CREDIT	PREREQUISITE
Personal Health	0.5	Mastery of Health Education through Level 6

PERSONAL HEA

SIS COURSE NUMBER: 7100
SIS CODE: HE

CORE STANDARDS OF THE COURSE

STANDARD 7100-04.	**The students will understand factors that lead to high-risk lifestyles, including disease prevention.**

OBJECTIVES

7100-0406. Describe the physiology of the disease AIDS.

7100-0407. Identify the modes of AIDS transmission.

7100-0408. Discuss ways in which AIDS can be prevented.

7100-0409. Discuss the most recent means of treating the disease AIDS.

7100-0410. Recognize the social implications AIDS has in our society.

7100-0411. Describe strategies for AIDS prevention such as decision-making skills and refusal skills in responding to negative pressure from peers.

BEST COPY AVAILABLE

HEALTH EDUCATION LEVEL 9-12

COURSE TITLE	UNIT OF CREDIT	PREREQUISITE
Consumer Health	0.5	Personal Health

CONSUMER HEA

SIS COURSE NUMBER: 7150
SIS CODE: HE

STANDARD 7150-04. The students will understand current practices associated with high-risk lifestyles, and the control of disease.

OBJECTIVES

7150-0403. Describe the physiology of the disease AIDS.

7150-0404. Identify the modes of HIV transmission.

7150-0405. Discuss ways in which AIDS can be prevented.

7150-0406. Discuss the most recent means of treating the disease AIDS.

7150-0407. Recognize the social implications HIV/AIDS has in our society.

7150-0408. Describe strategies for HIV/ AIDS prevention such as decision making skills and refusal skills in responding to negative pressure from peers.

CONSUMER HEALTH (LEVELS 9-12)

FOR THE TEACHER:

Before beginning this lesson, it is important to remember that this information was presented to students in their Personal Health class in junior high school. Information about AIDS changes almost daily; it is necessary for teachers to keep current on new information.

The focus of the Consumer Health standards and objectives is to provide a straight forward, factual overview of the disease AIDS. This curriculum for many students will be the last organized information they will receive concerning AIDS.

The State Elementary and Secondary Core Curriculum was developed before the AIDS epidemic was widespread. There were no objectives in that document that dealt with AIDS specifically. These additions to the Core were developed to help teachers present information on AIDS.

The law in Utah allows teachers to instruct about contraception The law in Utah allows teachers to instruct about contraception The law in Utah allows teachers to instruct about contraception The law in Utah allows teachers to instruct about contraception only if they have received prior written parental consent. only if they have received prior written parental consent. only if they have received prior written parental consent. only if they have received prior written parental consent.

On occasion an educator may be faced with spontaneous comments or questions from students about matters which are normally subject to parental request requirements under this policy. In some cases, failure to respond to such a comment or question could lead students to believe that the educator tacitly agrees with the views expressed, thereby lending the educator's unwilling support to what could well be an erroneous or dangerous practice or belief. In order to avoid such outcomes, an educator may respond to a student's comment or question regarding contraceptive devices or substances, even though a parental permission slip is not on file.

An educator may not intentionally elicit comments or questions about matters subject to parental consent requirements under this policy. Responses permitted under this section must be brief, factual, objective, and in harmony with content requirments of this policy regarding the importance of marriage and the family, abstinence from sexual activity before marriage, and fidelity after marriage. Responses must be appropriate to the age and maturity of the students involved, and limited in scope to information reasonably necessary under the circumstances. Students shall then be referred to their parents for further information. A response made in compliance with parents for further information. A response made in compliance with the requirements of this section shall not be considered to be a violation of the parental consent requirements of this policy.

In presenting this information, teachers should be aware that some students this age are likely to be:

- In possession of a stronger sense of personal identity than younger children. (There remains, however, important exceptions, including those who are confused about their sexual identity.)

- Thinking that they "know it all."
- Seeking greater independence from parents.
- Influenced by peer attitudes.
- Open to information provided by trusted adults.
- Beginning to think about establishing more permanent relationships.
- Experiencing an illusion of immortality.
- Sexually active

The primary goal should be to teach students to protect themselves and others from infection with the AIDS virus. The curriculum focuses on healthy behavior rather than on the bio-medical aspects of the disease. It is vital that the information be presented in a straight-forward, honest manner that is non-threatening and works to alleviate anxiety.

BASIC AIDS INFORMATION

Description/Definition: What is AIDS? What is HIV??

AIDS is a disease that breaks down a part of the body's immune system, leaving a person vulnerable to a variety of unusual, life-threatening illnesses. It is caused by a virus. This virus may also infect the brain, causing a variety of neurological problems.

The letters stand for:

ACQUIRED - Passed from person to person. Not acquired genetically as are height and hair color.

IMMUNE - The body's defense system, providing protection from disease.

DEFICIENCY - Having a lack of.

SYNDROME - A group of signs or symptoms which, when they occur together, mean a person has a particular disease or condition.

The virus that causes AIDS is called **HIV**, *Human immunodeficiency virus*.

People with HIV will usually carry the infection for many years before they show symptoms of the illness or are diagnosed with AIDS.

Who gets AIDS?

AIDS is caused by a virus (HIV). ANYONE, under the proper circumstances, can become infected by that virus.

Though gay men have been the most commonly affected in the United States, these trends are changing. In some other countries virtually all cases of AIDS/HIV are among heterosexuals. Currently, heterosexual women are the fastest growing population of people infected with HIV.

In approximately 25% of all cases of AIDS, the virus was transmitted and HIV infection occurred during adolescence.

Blood used for transfusions is now screened for HIV. Blood products for hemophiliacs are treated so that the AIDS virus is killed. Very few future infections through blood or blood products should occur.

Current statistics on the number of individuals in the United States and Utah with AIDS are available from the Utah Department of Health, Bureau of HIV/AIDS, (801) 538-6096.

How do people get AIDS/HIV?

People do not get HIV through day-to-day, casual contact with family, friends, acquaintances, work-mates or the population at large -- unless that contact involves unsafe sexual encounters or the sharing of injectable drugs with an infected person.

HIV, the virus that causes AIDS lives in certain body fluids, especially blood and semen. People become infected with HIV by having intimate, direct contact with the semen, vaginal secretions or blood of someone else who is infected. The known causes of transmission include:

1. Sexual intercourse (vaginal, anal and oral intercourse).

2. Shared use of needles or other paraphernalia for injecting drug use. We are also concerned about the possibility of transmitting HIV through other needle usage e.g., non-professional tattooing or ear piercing among friends.

3. Infected mothers passing the virus on to a fetus or infant.

4. Transfusion of blood or blood products infected with HIV (blood donations are now screened for the HIV and transfusion-related AIDS will be quite rare in the future).

A small number of health care workers who have had unusual or very direct exposure to patient blood have become infected. In a few cases, health care workers have accidentally stuck themselves with hypodermic needles that had been used on a person with HIV or have been splashed with blood from an infected person, and have become infected. Instances such as these, while rare and unusual, should remind us all of the need to follow infection control guidelines carefully.

Is AIDS an inherited disease?

No. The AIDS virus is not passed genetically from generation to generation. However, the virus can be transmitted to children from an infected mother during pregnancy, childbirth, or breastfeeding.

What about other "body fluids"?

HIV has been found in blood, semen, urine, vaginal secretions, spinal fluid, tears, saliva and breast milk. Of these, only semen, vaginal secretions. breast milk, and blood are implicated in transmission. HIV has also been found in some internal fluids, including cerebrospinal fluid, synovial fluid (around joints), and pericardial fluid (around the heart). Health care workers and emergency workers might have contact with such fluids, and they are advised to follow infection control guidelines in such circumstances.

Many people are concerned about other body fluids, such as tears or saliva. These fluids do not carry a strong enough concentration of the virus to cause infection. In all reported U.S. cases so far, there is <u>not a single case</u> of transmission of HIV through saliva.

Can you get AIDS from kissing?

HIV is not transmitted via saliva. The possibility of transmission exists if there are open sores in the mouth or mouths since blood-to-blood transmission is much more likely.

Is AIDS like other diseases?

AIDS is not like some communicable diseases, such as the cold, flu, or measles, that can be passed through casual contact like sneezing, coughing, or sharing of eating utensils. No cases have been established where HIV/AIDS has been passed by those means. HIV/AIDS can only be transmitted by body fluids: semen, vaginal secretions, blood, and blood products.

What is it like to have AIDS?

There is quite a bit of variation in how HIV affects different people. Many people have been living with HIV for 13 years or more and are still energetic and productive. Others may die within a few days or weeks of diagnosis. Some people are fatigued or very sick throughout the course of the disease. For others, periods of good health and illness alternate.

Common symptoms of HIV include:

- Unexplained, persistent fatigue
- Fever, shaking chills or drenching night sweats lasting for several weeks
- Unexplained weight loss in excess of 10 pounds
- Swollen lymph nodes in the neck, armpits or groin lasting more than two months
- Persistent diarrhea
- Persistent dry cough that lasts too long to be caused by a common respiratory infection
- Shortness of breath
- Pink or purple flat or raised blotches or bumps on or under the skin, inside the mouth, nose, eyelids or rectum. These may look like bruises but they do not disappear and are usually harder than the skin surrounding them.
- White spots or unusual blemishes in the mouth

Some of these symptoms seem much like common signs of cold, flu, or other common infections. The key is that they are severe in nature and they last much longer than a typical cold or flu. **AIDS CANNOT BE SELF-DIAGNOSED.**

What is "HIV disease"? What is "ARC"?

The HIV has different effects on different people. Some people infected with the virus do not appear ill, they are asymptomatic carriers. Some may develop mild to moderate illness. Some may become extremely ill.

When Centers for Disease Control (CDC) defined this viral disease, they described the most common symptoms of the disease in its most serious stage. Their definition says a person has AIDS if they are known or presumed to be infected with HIV, and also has one of the following: (1) Kaposi's sarcoma, (2) Pneumocystis carinii pneumonia, (3) other opportunistic infections, (4) severe weight loss, (5) specific neurological problems caused by infection with HIV, or (6) less than 200 CD4 cells.

People who have milder symptoms of HIV infection, or very unusual severe symptoms, do not fit this diagnosis. Early on in the epidemic, this condition was referred to as "AIDS-related complex" or "ARC". This term is imprecise and educators, physicians and researchers are avoiding the term "ARC." It is now more appropriate to refer in general to "HIV disease" or "HIV infection." A person with HIV infection may: (1) have no symptoms of illness ("asymptomatic HIV infection"); (2) have symptoms, but not meet the CDC criteria for a diagnosis of AIDS ("symptomatic HIV infection"); or (3) may meet the criteria and carry a diagnosis of full blown AIDS.

How long is the incubation period for AIDS?

The majority of people infected with HIV will have no symptoms or mild symptoms for 7-12 years after infection. This is referred to as a latency period. The length of time a person remains asymptomatic may be determined in part by their general health status, health-related behaviors, repeated exposures, or other co-factors.

It is extremely important to remember that someone infected with HIV may have no indication for many years that he or she carries the virus. During that time, the person can pass the virus on by engaging in risky behaviors with others.

How can AIDS/HIV disease be prevented?

1. Abstain from sex. If you are going to engage in sexual activity, do not allow semen, vaginal secretions or blood of an infected person to enter your body. Condoms can provide a barrier and help prevent exchange of these body fluids, but they are not 100 percent effective.

2. Do not share hypodermic needles or any other needles (tattoo, ear piercing, etc.) under *any* circumstances with *anyone*. It is best not to share razors or other very personal items with an infected person because they may expose you to minute amounts of blood.

Was AIDS caused by homosexuals?

No. Homosexual and bisexual males comprise about 58 percent of the AIDS cases in the United States. This is attributed to the fact that many of these persons have had many sexual partners and have practiced sexual behaviors that have placed them at greater risk for contracting the virus. Anyone (heterosexual, homosexual, or bisexual) who engages in high-risk, irresponsible sexual behavior or injectable drug abuse can acquire HIV and infect others. It is the high-risk behavior, not one's sexual orientation, that places the person at risk.

Can someone with HIV or AIDS have sex without passing it?

Yes. But the percentage of times the virus would not be passed is not known. It also cannot be determined which sexual act would result in infection and which sexual act would not. Hence, every sexual contact with an infected person should be considered an exposure to HIV/AIDS.

Are there any treatments or cures for HIV infection?

A cure for HIV infection is a long way off. There is very little hope for a cure in the near future. However, some exciting developments in treatment to the disease have occurred.

Research indicates that the use of the drugs AZT and ddI help to prolong the lives and periods of good health of people in certain stages of HIV infection.

Prophylactic (preventative) treatments for some of the diseases associated with HIV are also being developed and many have been approved. These treatments can help prolong periods of health for people with HIV infection. People with HIV are now living for longer periods of time. As exciting as these developments are, *prevention* of infection continues to be the only certain method of beating HIV.

Why didn't we hear about AIDS 20 years ago?

AIDS was not recognized or described as a disease until 1981. Tracking of AIDS began when doctors had seen enough of it to recognize that they were faced with a serious, previously unknown disease. In 1981, 316 people in the U.S. had AIDS. By August 1986, over 23,000 cases were reported. There are currently over 250,000 cases in the U.S. alone.

Where did AIDS come from?

The exact origins of AIDS are not known. Either this is a new human disease which developed recently, or it is a disease that was until recently isolated in a particular geographic group of people. The prevailing scientific opinion is that the virus originated in Africa. One scientific guess is that at some point in time there was a chance mutation of another virus. It may also be possible that the virus always existed but needed a "co-factor" to become the deadly virus it is today.

What happens to the immune system when someone is infected with HIV?

HIV slowly wipes out a person's immune system by destroying the CD4 or T cells. These cells are types of white blood cells that are essential for a person to fight infections. Once the number of these cells drops below a certain level, the person infected with HIV may lose the ability to fight off certain infections that people with healthy immune systems can combat successfully. For people with HIV infection, the immune system may recognize "intruders," but the immune response is damaged by the virus and the body is unable to fight the infection. The kinds of diseases that infect a person with this kind of immune problem are called "opportunistic infections."

What are the illnesses that affect people with AIDS/HIV?

The range of infections seen in HIV infection is quite broad, with people being affected by fungal, bacterial, protozoal and viral diseases as well as some cancers. The two most common AIDS related diseases are *Kaposi's sarcoma* and *Pneumocystis carinii* pneumonia. Kaposi's sarcoma (KS) is a disease of the cells that line certain small blood vessels. People with KS develop purple lesions, which may appear on the skin where they can be seen or internally where they cannot be seen.

Pneumocystis carinii pneumonia (PCP) is the most common opportunistic infection seen in people with AIDS. It was originally thought to be caused by a protozoan, though evidence now suggests it is probably fungal in origin. People with PCP usually become quite ill at the time of diagnosis, with fatigue, weight loss, fevers, dry cough and difficulty breathing. Often PCP requires hospitalization. This disease can be treated. As with other AIDS-related diseases, successful treatment of PCP does not cure the underlying immune problems. In time a person may again be affected by PCP or other opportunistic infections.

Other infections seen in AIDS include toxoplasmosis and cryptosporidium, also caused by protozoans; candida and cryptococcus, caused by fungi; cytomegalovirus (CMV) and herpes, caused by viruses (herpes infections in people with AIDS are quite severe and atypical; the usual genital or oral herpes infections are not indicative of AIDS); and other bacterial diseases. Among women, illnesses may also include cervical cancer and/or recurrent vaginal yeast infections.

When will there be a vaccine for AIDS?

To date, a successful vaccine has never been developed for a human retrovirus, which makes finding an AIDS vaccine one of the greatest challenges for medical science so far. There is still no guarantee that a vaccine for AIDS can be produced.

When and if a vaccine is developed, it will need to be tested carefully for several years before it is used widely. The only course for preventing AIDS at present is to practice the AIDS prevention guidelines.

What is the HIV antibody test? What is the "AIDS test"?

The HIV antibody test is a test that was developed to make certain blood donated for transfusions did not carry the AIDS virus. There are actually several different tests currently being used to check for HIV antibodies, each using a different method. The most common type is an ELISA ("ELISA" refers to the method of assay used). The ELISA tells, fairly simply and quite inexpensively, whether a blood specimen has been infected with the AIDS virus. It is a

practical way to screen blood donations and, because it is now universally applied in U.S. blood banks, it has made the blood supply very safe. We will probably see very few future cases of AIDS passed through transfusions (though people transfused before 1985 may still be at risk because of the incubation period of the disease.) The test is usually used to test semen donors for insemination, and it is recommended for organ donors to protect recipients of organ transplants.

Some individuals have taken the antibody test to determine whether or not they have been infected with the AIDS virus. If the antibody is *absent,* the test is *negative* and it means one of the following is true:

1. The person has not been infected with HIV.

OR

2. The person has had contact with the AIDS virus but has not become infected and therefore has not produced antibodies. However, repeated exposure to the AIDS virus would increase the likelihood that the person will become infected.

OR

3. The person has been infected by the virus but has not yet produced antibodies. Research indicates most people will produce antibodies within 2-12 weeks after infection. Some people will not produce antibodies for as long as six months.

The test is quite accurate, but like other medical tests there will be some false negatives (a person does have antibody, but tests negative) and false positives (a person does not have antibody but tests positive). If the sample tests positive, they will test it two more times with the ELISA and, if both of these tests are positive, the sample will be checked again with one of the other types of tests. When these procedures are followed, results are accurate well over 99.9% of the time.

Many people misunderstand the antibody test and believe it is a "test for AIDS." <u>It will not tell whether a person has AIDS, but only whether he or she has HIV infection.</u>

Can people get AIDS from insect bites?

A good amount of study has been focused on this subject, and most of the scientific community is well-convinced that this is not a method of transmission.

A careful look at epidemiology makes this clearer. Malaria is a widespread disease in Africa that is spread by mosquitoes. The insects first ingest the parasite which causes malaria by feeding on an infected person, then transmit

the parasite through their saliva to another person several days later. People of all ages are infected, including children and elders who may not be sexually active. HIV, on the other hand, is a virus spread primarily by shared needle use and intimate sexual contact, and the people in both Africa and the U.S. who are infected or diagnosed with AIDS fall into very specific categories of risk. They do not represent the more general population of individuals bitten by mosquitoes.

What is the likelihood of a student with HIV passing it on to other students (or teachers) in my school?

A person must have very intimate, very direct contact with the semen, vaginal secretions or blood of an infected person. A student is very unlikely to have interactions on a school campus that would allow this transmission to occur. Unless the student is having sex with others, or sharing IV needles, there just is not much chance of HIV being transmitted. HIV is not transmitted through casual contact.

People with AIDS or HIV need to be supported in living the most productive lives possible. School is the productive work of teenagers. Students with AIDS/HIV would do best being enrolled in normal classes unless their illness was too severe to allow them to participate.

What is being done for people who develop AIDS?

Persons with AIDS need both medical and social support services to help them cope and live with their condition. These types of assistance are increasingly becoming available, although there is more that can be done. Also, family members need support. Legal efforts are being pursued continuously to protect the rights of persons with AIDS.

How should people with AIDS be treated?

Persons with AIDS should have equal access to medical and social services, employment, housing, and educational opportunities. They also need emotional understanding and support from friends and from the community. Since the AIDS virus cannot be passed by casual contact, there is no reason why persons with AIDS should be kept from being participating members of the community.

Where can I get more information about AIDS?

A school or community library may be able to provide information about AIDS. The latest information is probably available from a physician, STD clinic, local and state health departments, or the Utah State Office of Education, the Utah AIDS Foundation hotline (801/487-2100, 1-800-FONAIDS), or the National AIDS information hotline (1-800-342-2437, Spanish: 1-800-344-SIDA, Native American: 1-800-283-AIDS).

GLOSSARY

abstinence: Voluntarily choosing not to have sexual intercourse.

Acquired Immune Deficiency Syndrome (AIDS): A communicable disease caused by a virus that results in a breakdown of the body's immune system.

acyclovir (uh SI kloh vihr): A drug used in the treatment of genital herpes infections; eases some of the symptoms of HIV infection but has no effect on the virus that causes AIDS. (Also called AZT)

AIDS dementia complex: A slowly progressive disease marked by withdrawal and impaired intellectual function and motor activity.

antibodies: Proteins that destroy or neutralize foreign substances in the body.

asymptomatic HIV infection: The period of time following HIV infection when no symptoms of the disease are present. During this time, many people are not aware they are infected with HIV.

AZT: A drug that seems to inhibit the ability of the AIDS virus to produce new virus particles.

bisexual: A person who is sexually attracted to both males and females.

blood transfusion: The injecting of blood, such as during an operation, into another person.

bone marrow: Tissue in the center of long bones in which both red and white blood cells are formed.

condom: A thin sheath placed over the penis to collect semen and reduce the risk of exchanging body fluids during intercourse.

ELISA: A quick test to check blood for antibodies that indicate infection by the AIDS virus.

hemophilia: A disease in which a person's blood may not clot easily.

heterosexual: A person who is sexually attracted to someone of the opposite sex.

HIV (Human Immuno-deficiency virus): The most widely accepted name used to describe the virus that causes AIDS.

HIV negative: Not infected with HIV.

HIV positive: Infected with HIV, the virus that leads to AIDS.

homosexual: A person who is sexually attracted to someone of the same sex.

immunity: The body's resistance to disease.

intravenous drug user: A person who injects drugs into his or her veins.

Kaposi's sarcoma: A rare type of cancer that occurs as spots on the surface of the skin or in the mouth; an opportunistic disease often suffered by AIDS patients.

latency period: The period of time between HIV infection and the development of symptoms (includes window period). Average length of latency period is 7-12 years and may be life.

lymph nodes: Glandlike masses of tissue located throughout the body to store white blood cells.

lymphocytes: A kind of white blood cell produced in bone marrow.

monogamous (muh NAHG uh mus) relationship: A relationship in which two people are fully committed to each other; they are not sexually active with anyone outside of their relationship.

opportunistic disease: A disease caused by harmful microorganisms that ordinarily would be destroyed by a healthy immune system.

pathogens: Disease-causing organisms.

Pneumocystic carinii pneumonia (new moh SIHS tihk / kuh RIHN eei / new MOH nee uh): An opportunistic form of pnemonia associated with HIV infection.

prostitute: Someone who performs sexual acts for payment.

refusal skills: Ways to say no to risk behaviors.

responsible decision-making approach: A series of steps you apply to a situation to help you make a responsible decision.

risk behavior: An action that increases the likelihood of disease and threatens a person's health and the health of others.

seroconversion: The specific point in time following HIV infection when sufficient HIV antibodies are present and can be detected in the blood.

symptomatic HIV infection: The period of time following infection with HIV when symptoms of the disease are present. Includes non-specific chronic symptoms and serious, debilitating symptoms that may lead to death.

T cell: Type of lymphocyte that helps fight infection by producing antibodies.

vaccine: A substance that contains dead or weakened pathogens that cause the immune system to produce antibodies.

virus: A microscopic organism that can reproduce only inside a living host cell.

wellness: The quality of life that includes your physical, mental, and social well-being.

wellness behavior: An action that helps prevent illness and accidents, helps promote health for you and others, or helps improve the quality of the environment.

Western Blot Test: A blood test that detects both the presence of HIV antibodies and their size.

window period: The time between HIV infection and the development of antibodies. The average time is six (6) to twelve (12) weeks. During this time, the virus invades the body and there are no symptoms of infection.